## **Administrative Office of the Courts**

REPORTER NAME			MONTH	YEAR	
SOCIAL SECURITY			COUNTY OF RESIDENCE		
ADDRESS		JUDICIAL DISTRICT			
CITY, STATE, ZIP CODE					
TELEPHONE NUMBER			TOTAL	\$	
ACTIVITY					
(0(-)			REASON FOR AB	SENCE FROM COURT (🗸)	

	<u> </u>	ACTIVITY							
	(County)					REASON FOR ABSENCE FROM COURT (✓)			DM COURT (√)
DATE	(County) I N-COURT HOURS	TRANSCR. Hours	OFFICE TASKS HOURS	TOTAL HOURS	TOTAL MILES	CANCELLED	SICK LEAVE (#HOURS)	COURT- APPROVED LEAVE	WORK RELIEF (document case #)
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		_	TOTAL#	MILES:					

ADDITIONAL OFFICE EXPENSE(S)(include date, description, & amount):

ADDITIONAL OF FIGE EXI ENOL(O)(Include date, description, & amount).						
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As an Official Court Reporter in this district, I hereby certify that the information contained in this monthly report is true and correct to the best of my knowledge. As presiding judge over the proceeding, I certify that the above-reported work was performed in my courtroom.